

# Survey Protocol for Basic Care Facilities

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# **I. Introduction**

## **Introduction**

Basic Care facilities are required to be in compliance with the requirements in NDCC Chapter 23-09 and NDAC Chapter 33-03-24.1. To license a Basic Care facility, complete at least a:

- Life Safety Code (LSC) survey; and
- Standard Survey

The Department shall conduct announced surveys for all Life Safety Code inspections. For the health portion of the survey, half of the surveys must be announced and the other half of the surveys must be unannounced. For purposes of complaints related to health and life safety, all surveys must be unannounced. Conduct standard surveys and complete them on consecutive workdays, whenever possible. Surveys may be conducted at any time including weekends, 24 hours a day. When surveys begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or begin on a Saturday or Sunday, the entrance conference and initial tour should be modified in recognition of the residents' activity (e.g., sleep, religious services), and types and numbers of staff available upon entry.

Use the standard survey procedure discussed in this section for all standard surveys of Basic Care facilities, whether freestanding or distinct parts of a facility.

When the surveyor suspects serious quality of care which threaten or have the potential to cause harm, expand the standard (or abbreviated) survey sample as necessary to determine scope. If actual or potential harm is verified, inform the Administrator and conduct an extended (or partial extended) survey.

### **A. Surveys**

If a possible noncompliant situation related to any requirement is identified while conducting the information gathering tasks of the survey, investigate the situation to determine whether the facility is in compliance with the requirements.

#### **1. Standard Survey**

A standard survey is composed of Tasks 1 - 7, and is a resident-centered, outcome-oriented inspection which relies on a sample of residents to gather information about the facility's compliance with participation requirements. Outcomes include both actual and potential negative outcomes, as well as failure of a facility to help residents achieve their highest practicable level of well-being. Based on the specific procedures detailed in this guideline, a standard survey assesses:

- Compliance with residents' rights and quality of life requirements;
- The accuracy of residents' assessments and the adequacy of care plans based on these assessments;
- The quality of care and services furnished, as measured by indicators of medical, nursing, drug therapy, dietary and nutrition services, activities and social participation, sanitation and infection control; and
- The effectiveness of the physical environment to empower residents, accommodate resident needs, and maintain resident safety, including whether requested room variances meet health, safety, and quality of life needs for the affected residents.

## **2. Extended Survey**

The extended survey is conducted after a serious issue of non-compliance is determined during a standard survey. Conduct an extended survey within 14 days after completion of the standard survey

## **3. Abbreviated Standard Survey**

This survey focuses on particular tasks that relate, for example, to complaints received or a change of ownership or management. The abbreviated standard survey does not cover all aspects covered in the standard survey, but rather concentrates on a particular area of concern(s). For example, an abbreviated standard survey may be conducted to investigate a complaint. The survey team can expand the abbreviated standard survey to cover additional areas, or to a standard survey if, during the abbreviated standard survey, evidence is found that warrants a more extensive review.

## **4. Partial Extended Survey**

A partial extended survey is always conducted after a significant issue of non-compliance is found during an abbreviated standard survey or during a revisit.

## **5. Post-Survey Revisit (Follow-Up)**

The post-survey revisit may be conducted by an on-site visit, or by mail or telephone to verify correction of deficiencies cited in a prior survey.

## **B. Initial Licensing Survey**

In a survey for initial licensing of a basic care facility, perform the tasks of both the standard and extended surveys. During the initial survey, focus both on residents and the structural requirements that relate to qualification standards and resident rights

notification, whether or not problems are identified during the information gathering tasks. Gather additional information to verify compliance with every tag number. For example, during an initial survey, verify the qualifications of the social worker, dietitian, and activities professional if the facility utilizes these professionals. Verify if the facility has a referral agency available for social services needs, if residents require these services. Verify a professional has reviewed the menus, for the prescribed diets. Also, review the rights notification statements on admissions contracts.

### **C. Specialty Surveyors**

If a team is utilized, all members of a survey team need not be onsite for the entire survey. Surveyors may be onsite only during that portion of the survey dealing with their area of expertise (e.g. dietitian). However, they must conduct that portion while the rest of the team is present. The specialty surveyor should share any information he/she obtained that may be useful to other team members.

### **D. Team Communication**

Throughout the survey process, the team, if a team is utilized, (including specialty surveyors) should discuss amongst themselves, on a daily basis, observations made and information obtained in order to focus on the concerns of each team member, to facilitate information gathering and to facilitate decision making at the completion of the standard survey.

## **II. The Survey Tasks**

### **Task 1 - Offsite Survey Preparation**

#### **A. General Objectives**

The objectives of offsite survey preparation are to analyze various sources of information available about the facility:

- Review the facility file for any complaints or concerns relating to the facility.
- Determine if the areas of potential concerns or special features of the facility require the addition of a team member or a specialty surveyor.

#### **B. Information Sources for Offsite Survey Preparation**

The following sources of information are used during the offsite preparation to focus the survey.

## **1. Survey Reports:**

Statements of findings from the previous survey should be reviewed. Review the specific information under each citation and note any special areas of concern.

## **2. Results of Complaint Investigations**

Review information from both complaints investigated since the previous standard survey and complaints filed with the survey agency, but not yet investigated. Note resident and staff names related to the complaints and note patterns of problems relating to specific wings or shifts.

## **3. Information about Waivers or Variances**

If the facility has, or has requested any staffing waiver or room variances, note these for onsite review. Determine onsite if these should be granted, continued, or revoked.

## **4. Information from the State Ombudsman Office**

Note any potential areas of concern reported by the ombudsman office and note resident names reported as potential sample residents, residents for closed record review, or family members for family interviews and the reasons for their recommendation by the ombudsman.

## **5. Other Pertinent Information**

At times, the survey agency may be aware of special potential areas of concern that were reported in the news media or through other sources. Evaluate this information to determine if there are potential areas of concern that should be investigated onsite.

## **Offsite Survey Preparation - Surveyor Responsibilities**

The surveyor is responsible for completing the following tasks:

1. Obtain the following information for review prior to the onsite survey.
  - A copy of the previous survey report.
  - Results of complaint investigations;
  - Information about waivers or variances;
  - Copy of the facility's floor plan.

- Review the most recent report of Evacuation Difficulty Index. If EDI was completed within the past 3 months, it will not be necessary to complete another EDI.
- Other pertinent information.
- Make copies of the information for review offsite. The surveyor must prepare for the survey offsite, so that they are ready to begin the Entrance Conference and Initial Tour immediately after they enter the facility.

## **Task 2 - Entrance Conference/Onsite Preparatory Activities**

### **A. Entrance Conference**

1. The surveyor informs the facility's Administrator about the survey and introduces team members, if a team is utilized. Provides the administrator with his/her letter that identified an announced or unannounced licensure survey will be taking place.
2. The surveyor should:
  - Explain the survey process and answer any questions from facility staff.
  - Ask the Administrator to describe any special features of the facility's care and treatment programs. For example, does the facility have a special care unit for residents with dementia? Are residents who require more assistance placed in certain wings/units?
  - Inform the Administrator that there will be interviews with individual residents and that these interviews are conducted privately, unless the interviewees request the presence of a staff member.
  - Inform facility staff that the surveyor will be communicating with them throughout the survey and will ask for facility assistance when needed. Advise them that they have the opportunity to provide the surveyor with any information that would clarify an issue brought to their attention.
  - Ask the administrator to provide the following information.
    1. Complete the Resident Roster (SFN 19226). To be completed within one hour;

**NOTE:** This is an important source of resident information, which is crucial for the team to have for their sample selection.

2. Complete the Resident Census and Conditions of Residents (SFN 19227);
3. Complete the name and address of the Chairperson of the Board;
4. Copy of the current activity calendar;
5. Schedule of meal times, dining locations, copies of all menus, including therapeutic menus, for the days of survey;
6. Copy of CLIA certificate;
7. List of key facility personnel including the names of department managers (i.e., activities, dietary, and social services), licensed personnel, and consultants;
8. Medication passes times;
9. All resident care policies and procedures (admission, discharge, infection control, medication administration, transportation, resident abuse, theft of property, etc.).
10. Personnel policies and procedures.
11. Inservice records.
12. List of residents transferred or discharged during the past six months (include destination). List of resident deaths within the past six months;
13. List of residents admitted in last six months.

**NOTE:** If the survey is commencing at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or on a Saturday or Sunday, once onsite, announce the survey, ascertain who is in charge, ask the person to notify the Administrator that a survey has begun. Modify the entrance conference in accordance with staff available.

### **Task 3 - Initial Tour**

#### **A. General Objectives**

The Initial Tour is designed to:

- Provide an initial review of the facility, the residents, and the staff;
- Obtain an initial evaluation of the environment of the facility, including the facility kitchen;

## **B. General Procedures**

The initial tour is used to gather information. In addition, attempt to meet and talk with as many residents as possible during the tour in order to identify candidates for the sample, to get an initial overview of facility care and services, to observe staff/resident interactions; and to evaluate the impact of the facility environment on the residents. The tour also includes a first brief look at the facility's kitchen.

Document tour information, on either the Resident Roster or the Surveyor Notes Worksheet. Document any concerns regarding the general environment on the Surveyor Notes Worksheets. Document any concerns noted in the brief tour of the facility kitchen on the Surveyor Notes Worksheet.

## **C. Protocol**

It is desirable for team members to have a facility staff person who is familiar with the residents accompany them during the tour to answer questions and provide introductions to residents or family. However, do not delay the beginning of the Initial Tour if facility staff are not available. Begin the tour as soon as possible after entering the facility.

**NOTE:** When standard surveys begin at times beyond the business hours of 8:00 a.m. to 6:00 p.m., or begin on a Saturday or Sunday, the initial tour will need to be modified in recognition of the residents' activity, (e.g., sleep, religious services) and types and numbers of staff available upon entry. The tour may focus on specific care and quality of life issues (e.g., restraint use); meal service (use of foam or paper meal service products rather than regular dinnerware); adherence to the planned menu; sufficiency of staff (whether incontinent residents are being toileted, changed; etc., as appropriate). The tour should not be delayed for lack of staff to accompany the surveyor.

### **Pre-selected Concerns and Potential Residents:**

During the tour, identify residents who can be selected to participate in a Resident Interview. This can be accomplished by talking with residents and asking questions. An example of a question that can be asked is: What are you planning to do today?

### **Observations of All Residents during the Tour**

During the tour focus on the following:

- Quality of Life
  1. Resident grooming and dress, including appropriate footwear;

2. Staff - resident interaction related to residents' dignity; privacy and care needs, including staff availability and responsiveness to residents' requests for assistance;
  3. The way staff talk to residents, the nature and manner of interactions, and whether residents are spoken to when care is given; and
  4. Scheduled activities taking place and appropriateness to the residents.
- Emotional and behavioral conduct of the residents, and the reactions and interventions by the staff
    1. Resident behaviors such as disrobing, agitation, rocking, pacing; and
    2. The manner in which these behaviors are being addressed by staff, including nature and manner of staff interactions, response time, staff availability, and staff means of dealing with residents who are experiencing catastrophic reactions.
  - Care issues, how care is provided, and prevalence of special care needs
    1. Skin conditions, e.g., excessive dryness, wetness;
    2. Skin tears, bruising, or evidence of fractures that warrant investigation;
    3. Dehydration risk factors including availability of water for most residents, and other indicators or factors, e.g., the presence of strong urinary odors, and resident complaints of dry mouth and lips;
    4. Clinical signs such as edema, emaciation and contractures;
    5. Functional risk factors such as poor positioning and use of physical restraints;
    6. Side effects of antipsychotic drug use such as tardive dyskinesia, (e.g., lip, tongue or other involuntary abnormal movements);
    7. Presence or prevalence (numbers) of infections including antibiotic resistant strains of bacteria (e.g., Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococcus (VRE), Clostridium Difficile (C-Diff) or other infections: urinary tract infections, draining wounds, eye infections, skin rashes (especially if spreading, undiagnosed, and/or not responding to treatment), respiratory infections, gastroenteritis including diarrhea, etc.

8. Excessive unplanned weight loss;
- Impact of the facility environment and safety issues
    1. Infection control practices, (e.g., handwashing, glove use, and isolation procedures);
    2. Functional and clean equipment, including kitchen equipment;
    3. Presentation and maintenance of a homelike and clean environment; and
    4. Availability, use, and maintenance of assistive devices.

**NOTE:** If the initial tour is being conducted during a mealtime, include an initial brief observation of the dining areas. Note if there are any concerns with meal service, quality of life, positioning, sufficient space, etc.

## **Task 4 - Sample Selection**

### **A. General Objective**

The objective of this task is to select a sample of facility residents to assess compliance with the resident-centered requirements.

### **B. General Procedures**

- Each surveyor is assigned a certain number of residents, completing all facets of review.

**NOTE:** If sample selection occurs during meal time, delay or interrupt this task to conduct brief observations of the dining areas. Note if there are any concerns with meal service, quality of life, positioning, sufficient space, etc.

### **C. Definitions**

- **Resident Review** -- This includes observations, interviews, and record reviews for all care areas for the sampled residents, as applicable.
- **Closed Record Review** -- This includes a record review of resident care issues, appropriate treatment and services, transfer and discharge, etc.

## **D. Protocol**

### **1. Sample Selection**

Sample selection occurs after the tour is completed and the facility has provided the completed Resident Roster or provided this information in some other format, e.g., computer-generated list. However, do not delay sample selection if the facility's Resident Roster has not arrived. The surveyor will complete the sample selection by performing the following tasks:

- Review the Resident Roster provided by the facility and compare it to the findings from the tour to determine a sample.
  - Include residents who need assistance with Activities of Daily living, use wheelchairs, are incontinent and/or have catheters;
  - Include residents who have physical restraints or are on psychoactive medication;
  - Include residents who have conditions of weight loss, hydration risk and/or pressure sores;
  - Each resident the surveyor selects is entered on the worksheet. Note the following about each resident:
    - Resident number and room number;

### **Special Factors to Consider in Sample Selection**

If during sample selection, many more residents are identified than can be selected to represent the concerns of interest, consider the factors below in determining which residents to select:

- New admissions, admitted during the past 6 months.
- Residents in rooms in which variances have been granted for room size or number of beds in room;
- Residents receiving hospice services;
- Residents with end-stage renal disease;
- Residents under the age of 55;
- Residents with mental illness or mental retardation; and

- Residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominant language of the facility.

**Other Tasks**

- If concerns have been identified in the area of infection control, review policies and procedures including a focus on what preventative infection control practices the facility has in place.
- If the team has identified quality of care problems during the survey determine if problems with staffing have been discovered.

**Resident Sample Selection**

**Survey Procedures for Basic Care Facilities  
Resident Sample Selection**

<b>Resident Census</b>	<b>Sample size</b>	<b>Resident Reviews</b>	<b>Closed Rec. Reviews</b>	<b>Resident Interviews</b>
1 - 30	5	5	1	3 - 5
31 - 60	10	10	2	6 - 10
61 - 90	15	15	3	11 - 15
91 - 115	20	20	3	16 - 20

**NOTE:** For facilities with individuals, who are incompetent or have a Power of Attorney such as residents in a Dementia unit, complete at least one family interview.

**Task 5 - Information Gathering**

Task 5 provides an organized, systematic, and consistent method of gathering information necessary to make decisions concerning whether the facility has met the requirements reviewed during the Standard Survey.

Task 5 includes the following sub-tasks:

**5A General Observations of the Facility:** Assessment of the environment of the facility affecting the resident’s life, health and safety;

**5B Kitchen/Food Service Observations:** Assessment of the facility's food storage, preparation and service;

**5C Resident Review:** An integrated, holistic assessment of the sampled residents which includes the assessment of: drug therapies, the quality of life of the resident as affected by his/her room environment and daily interactions with staff, and assessment of those pertinent care concerns identified for each sampled resident by the surveyor or survey team. Closed record reviews and dining observations are integrated into the resident review;

**5D Quality of Life Assessment:** Assessment of residents' quality of life through individual interviews.

**5E Medication Pass Observation:** Observation of the Medication Pass.

Use survey worksheets and Basic Care Facility Interpretive Guidelines for each of the sub-tasks and requirements reviewed in Task 5. While these sub-tasks are discrete information gathering activities, there are a number of things to take into consideration during Task 5.

#### **A. General Procedures**

As appropriate, use the interpretations, definitions, probes, and procedures provided in the Basic Care Facility Interpretive Guidelines to guide the investigation and to help determine whether, based on the investigation and findings, the facility has met the requirements.

Worksheet documentation should be resident-centered, as appropriate. For example, if the lack of a reading light near the resident's bedroom chair is being documented, also note that this resident has said he/she prefers to read in his/her chair, and that the light over the chair is inadequate.

Relate to the requirements and provide clear evidence, as appropriate, of the facility's failure to meet a requirement. As information is collected, keep in mind that the information written on the worksheet will be used to determine if there are any deficiencies. Make documentation specific enough so that these decisions can be made. Include information about how the faulty facility practice affected residents, the number of residents affected, and the number of residents at risk. The Basic Care Facility Interpretive Guidelines assists in gathering information in order to determine whether the facility has met the requirements. For example, the facility has care plan objectives which are measurable. If the resident does not meet her/his goals, does the documentation reflect how the lack of implementation of the care plan and/or lack of quarterly assessments prevents the resident from reaching her/his goals?

Devote as much time as possible during the survey to performing observations and conducting formal and informal interviews. Limit record reviews to obtaining specific information, i.e., look at what is needed, not the whole record.

The information gathering tasks are interrelated. Information acquired while doing observations and interviews will direct the record review. Likewise, information obtained while doing the record review may help direct what observations or interviews are needed.

Regardless of the task, be alert at all times to the surrounding care environment and activities. For example, while conducting the dining observations of sampled residents and the medication pass observation, observe the environment and residents, e.g., care being given, staff interactions with residents, and infection control practices.

Throughout the survey, discuss observations, as appropriate, with team members, if applicable, facility staff, residents, family members, and the ombudsman. Maintain an open and ongoing dialogue with the facility throughout the survey process. This gives the facility the opportunity to provide additional information in considering any alternative explanations before making compliance decisions. This, however, does not mean that every negative observation is reported on a daily basis, e.g., at a nightly conference. Moreover, if the negative observation relates to a routine that needs to be monitored over time to determine whether non-compliance exists, wait until a trend has been established before notifying the facility of the problem.

In conducting the tasks of the Standard Survey, situations may be identified to indicate that the facility may not be meeting a requirement not routinely reviewed in the Standard Survey.

Verify information and observations in terms of credibility and reliability. If the credibility or reliability of information is doubted, validate that information or gather additional information before using it to make a compliance decision.

## **B. Observations**

The objectives of the observational portion of information gathering are to gather resident-specific information for the residents included in the sample, and also, to be alert to the provision of care, staff-resident interactions, and quality of life for all residents.

## **C. Informal and Formal Interviews**

The objectives of interviews are to:

- Collect information;
- Verify and validate information obtained from other survey procedures; and

- Provide the opportunity for all interested parties to provide what they believe is pertinent information.

Interview residents, staff, family, ombudsman, and other appropriate persons, as applicable. Informal interviews are conducted throughout the duration of the information gathering tasks of the survey. Use the information obtained from interviews to assist in deciding what additional observations and record review information is necessary. Avoid asking leading questions, but use the Basic Care Facility Interpretive Guidelines for specific requirements to focus questions and determine the significance of the answers.

In general, the individual who provides information during an interview will not be identified as providing that information. However, it is possible that their identity may be revealed if non-compliance is cited based in whole or part on their information.

If residents appear reserved in providing information or express concern about retaliation:

- Verify that residents have information on whom to contact in the event they become the objects of retaliation by the facility; and
- With the resident's permission, notify the ombudsman of the resident's concerns.

#### **D. Record Review**

The objectives of the record review are to:

- Acquire information to direct initial and/or additional observations and interviews;
- Provide a picture of the current status of the resident as assessed by the facility; and
- Evaluate assessments, plans of care, and outcomes of care interventions for residents included in the sample.

**NOTE:** *Do not spend excessive time gathering and recording information from the record. Use the record review to obtain information necessary to validate and/or clarify information obtained through observation and interviews. Ask facility staff to assist in finding any information that has not been found or that requires validation.*

## **Sub-Task 5A - General Observations of the Facility**

### **A. General Objective**

The general objective of this task is to observe physical features in the facility's environment that affect residents' quality of life, health, and safety.

### **B. General Procedures**

During the Initial Tour, each surveyor should note and document any concerns in resident rooms and the general environment. These concerns should be followed up and investigated as well as any additional concerns regarding the environment, which are identified throughout the survey. Begin observations as soon as possible after entering the facility, normally after introductions at the entrance conference.

During Task 5A, review the condition of the environment, (e.g., cleanliness, sanitation, presence or absence of pests, accident hazards, functioning of equipment, and the proper and safe storage of drugs, biologicals, housekeeping compounds and equipment).

### **C. Making Observations**

The focus in Task 5A is on quality of life and environmental health and safety indicators in areas of the facility that would be visited or used by residents. However, some non-resident areas should also be reviewed due to their potential negative effect on residents, e.g., utility rooms.

Plan to observe the facility's environment at different times during the survey, e.g., first and second shift, common areas when in use by residents.

Determine if additional information needs to be gathered.

## **Sub-Task 5B - Kitchen/Food Service Observation**

### **A. General Objective**

The general objective of the Kitchen/Food Service Observation is to determine if the facility is storing, preparing, distributing, and serving food to prevent food borne illness.

### **B. General Procedures**

The surveyor conducts the Kitchen/Food service observation.

**NOTE:** The surveyor should begin the task with a brief visit to the kitchen as part of the initial tour, in order to observe the sanitation practices and cleanliness of the kitchen. Observe whether potentially hazardous foods have been left on counter tops or steam

table and/or being prepared, the manner in which foods are being thawed, the cleanliness, sanitary practices, and appearance of kitchen staff, e.g., appropriate attire, hair restraints.

In addition evaluate:

- The availability of food in relation to the number of residents;
- During the observation of the meal preparation determine whether the food being prepared is consistent with the written, planned menu.

**NOTE:** During the Dining Observation portion of the Resident Review, if concerns are identified, such as the provision of meals that are not consistent in quality (such as color and texture of vegetables or meats, the preparation and presentation of mechanically altered foods); complaints regarding taste or texture of food and foods with an “off” or bad odor; or residents being at nutritional risk, including high prevalence of residents with unintended weight loss.

Direct observations to the kitchen to determine:

- If recipes are available and consistent with the menu and followed by employees;
- If appropriate equipment is available and used to prepare and serve foods;
- If the food is being held for more than 30 minutes prior to food service, e.g., in the steam table, oven, refrigerator rather than freezer for frozen foods, etc.; and
- If cooked leftovers used during food preparation were stored and used within the appropriate time frames, and reheated to at least 165 degrees F.

## **Sub-Task 5C - Resident Review**

### **A. General Objectives**

The general objectives of the Resident Review are to determine:

- How resident outcomes and the resident’s quality of life are related to the provision of care by the facility;
- If the care provided by the facility has enabled residents to reach or maintain their highest practicable physical, mental, and psychosocial well-being;
- If residents are assisted to have the best quality of life that is possible. The review will include aspects of the environment, staff interactions, and provision of services that affect sampled residents in their daily lives;

- If there are additional areas of concern that need to be investigated.

## **B. General Procedures**

One surveyor should conduct the entire Resident Review for an assigned resident.

To facilitate the Resident Review, ask a staff member for schedules of the following, as appropriate:

1. Meals;
2. Medications;
3. Activities; and
4. Special treatments.

## **C. Resident Care Review**

A Resident Care Review includes observations, interviews, and a record review. After observing and talking with the resident, the surveyor conducts a comprehensive review which includes the following:

- An overall review of the facility's assessment and care planning process including their:
  - Evaluation of assessment information;
  - Development of a care plan that meets the identified needs of the resident;
- A review of the implementation of the care plan and resident response;
- A review of the relationship of the resident's drug regimen to the resident's condition;
- An evaluation of the resident's dining experience.
- Each resident admitted to the basic care must receive a fire drill walk through within 5 days after admission to orientate the resident to the fire drill procedures, exits, and evacuation routes. This is not applicable to basic care residents located in a health care occupancy (hospital or nursing facility).

## **E. Closed Record Review**

This includes a record review of the resident's care issues, appropriate treatment and services, and transfer and discharge requirements.

Assess quality of care and quality of life requirements that relate to the identified care areas for the sampled resident. While assessing these, note and investigate concerns with any other requirements.

## **F. Conducting the Resident Review**

The Resident Review consists of 3 main sections: Resident Room Review, Daily Life and Care Review, and Assessment of Drug Therapies.

1. The Resident Room Review assesses aspects of accommodation of needs, environmental quality, and quality of life in the resident's room. Through observations and interviews, evaluate how the resident's environment affects his/her quality of life.
2. The Daily Life and Care Review is a review of the resident's daily quality of life, especially in the areas of staff responsiveness to resident grooming and other needs, staff interactions, choices, and activities. Through ongoing observations and interviews, evaluate the resident's daily life routines and interactions with staff.
3. The Assessment of Drug Therapies is a review of the medications the resident is receiving to evaluate whether the effectiveness of the therapeutic regimen, including all drugs that may play a significant role in the resident's everyday life, is being monitored and assessed.

## **General Procedures**

Conduct an assessment of drug therapies for residents selected for review. In addition, if a concern has been identified that relates to the medication regimen; include a review of medication regimen in closed record reviews.

- Record the information as pertinent, all non-prescription and prescription medications taken by the resident during the past 7 days.
- Evaluate for the presence of any unnecessary drugs. The surveyor is to review the medication regimen for the following:
  - o Indications/reason for use;
  - o Effectiveness of therapeutic goal;
  - o Dose;

- o Presence of monitoring, including drug regimen review and response to identified irregularities;
- o Presence of duplicative therapy; and
- o Presence of possible Adverse Drug Reactions (ADR) or side effects.

**NOTE:** “Side Affect” is secondary effect of a drug that is usually undesirable and different from the therapeutic and helpful effects of the drug.

- Correlate the review of the drugs with the resident’s clinical condition and any extenuating circumstances, such as recent admission, a change in the resident’s environment, and hospitalization, etc.
- Evaluate how the drugs the resident receives affect his/her quality of care and quality of life through the following methods:
  - o A review of the clinical record, i.e., any section that has useful information pertaining to the resident;
  - o Observations of the resident; and
  - o Interviews with the resident or interested parties.

**G. Care Observations and Interviews** -- Make resident observations and conduct interviews which include those factors or care areas as determined by the Resident Roster. For example, if the resident was chosen because he/she has had weight loss, observe the care and the outcomes of the interventions, facility monitoring and assessment, and nutritional needs/adequacy.

Complete the following tasks:

- Observe the resident and caregivers during care and treatments, at meals, and various times of the day, including early morning and evening, over the entire survey period. Observe residents in both informal and structured settings, e.g., participating in formal and informal activities. Also, observe staff-resident interactions;
- Gather resident-specific information, including information on the resident’s functional ability, potential for increasing ability, and any complications concerning special care needs;
- Evaluate implementation of the care plan. Determine if the care plan is consistently implemented by all personnel at all times of the day, and if the care plan is working for the resident. If the care plan is not working, look for evidence

- that the facility has identified this and acted on it even if the care plan has not formally been revised; and
- Determine if there is a significant difference between the facility's assessment of the resident and your observations.

Do not continue to follow residents once enough information has been accrued to determine whether the resident has received care in accordance with the regulatory requirements.

When observing residents, respect their right to privacy, including the privacy of their bodies.

Obtain verbal permission/consent from the resident to observe as the personal care is provided.

## **H. Record Review**

Conduct a record review to provide a picture of the current status of the resident as assessed by the facility; information on changes in the resident's status over the last 12 months for those areas identified for review; and information on planned care, resident goals, and expected outcomes.

Use the record review to help determine whether the assessments accurately reflect the resident's status and are internally consistent.

For sampled residents selected for review, conduct a review of the assessment information including:

- Background information including customary routines and demographic information to provide an understanding of the resident prior to admission. This assists in assessing the quality of life of the resident.
- The facility's assessment of the resident's health status, psychosocial status, functional status, nutritional status, activities, and capability to evacuate the facility.
- The care plan to identify whether the facility used professional consultation to make sound care planning decisions. Determine whether the facility identified resident strengths, needs, and problems which needed to be addressed to assist the resident to maintain or improve his/her current functional status. Determine whether the facility identified resident-centered, measurable goals and specific interventions to achieve those goals. With observations, interviews, and record review, determine if the facility implemented the interventions defined; and

- It is not necessary to review the entire resident record. Review only those sections that are necessary to verify and clarify the information necessary to make compliance decisions. These sections may include, for example, laboratory reports, progress notes, and drug regimen review reports.
- Determine if a reassessment based on the resident's change should have been conducted. Assess if the change was avoidable or unavoidable.
- Verify the information needed has been obtained to determine if the facility fulfilled its obligation to provide care that allowed the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being.
- Determine if the care plan is consistently implemented, evaluated, and revised based on the response, outcomes, and needs of the resident.

### **Investigative Protocol**

#### **Hydration**

#### **Objectives:**

- To determine if the facility identified residents at risk for dehydration and developed an appropriate preventative care plan; and
- To determine if the facility provided the resident with access to fluids, to maintain proper hydration and health.

#### **Task 5C: Use:**

Utilize this protocol for a sampled resident who has any of the following risk factors: vomiting/diarrhea resulting in fluid loss, elevated temperatures and/or infectious process, dependence on staff for provision of fluid intake (due to physical or mental limitations), use of medications including diuretics, laxatives, and cardiovascular agents, renal disease, dysphasia, a history of limited fluid intake or lack of thirst sensation.

#### **Procedures:**

**NOTE:** A general guideline for determining baseline daily fluid needs is to multiply the resident's body weight in kilograms (kg) x 30ml (2.2 lbs = 1 kg), except for residents with renal or cardiac distress, or other restrictions based on physician orders. An excess of fluids can be detrimental for these residents.

- Are the resident's beverage preferences identified and honored at meals?
- Does staff encourage the resident to drink? Are they aware of the resident's fluid needs?

## **Investigative Protocol Unintended Weight Loss**

### **Objectives:**

- To determine if the identified weight loss is avoidable or unavoidable; and
- To determine the adequacy of the facility's response to the weight loss.

### **Task 5C: Use:**

Utilize this protocol for a sampled resident with unintended weight loss.

### **Procedures:**

- Determine if the resident was assessed for conditions that may have put the resident at risk for unintended weight loss:

**NOTE:** Body Mass Index (BMI) estimates total body mass and is highly correlated with the amount of body fat. It provides important information about body composition, making it a useful indicator of nutritional status. BMI is easy to calculate because only information about height and weight are needed.

$$\text{BMI} = \text{weight (Kg)}/\text{height (M}^2\text{) or}$$

$$\text{BMI} = \text{weight (lbs.)}/\text{height (inches}^2\text{) X 705}$$

- Determine if the facility has assessed the resident's nutritive and fluid requirements, dining assistance needs, such as assistive devices, food cultural/religious preferences, food allergies, and frequency of meals.
- Review all related information and documentation to look for evidence of identified causes of the condition or problem. This inquiry should include interviews with appropriate facility staff and health care practitioners, who by level of training and knowledge of the resident should know of, or be able to provide information about the causes of a resident's condition or problem.
- Determine if the care plan was evaluated and revised based on the response, outcomes, and needs of the resident.
- Observe the delivery of care as described in the care plan, (e.g., staff providing assistance and/or encouragement during dining; serving food as planned with attention to portion sizes, preferences, nutritional supplements, and/or between-

meal snacks) , to determine if the interventions identified in the care plan have been implemented.

### **Investigative Protocol Dining and Food Service**

#### **Objectives:**

- To determine if each resident is provided with nourishing, palatable, attractive meals that meet the resident's daily nutritional and special dietary needs;
- To determine if each resident is provided services to maintain or improve eating skills; and
- To determine if the dining experience enhances the resident's quality of life and is supportive of the resident's needs, including food service and staff support during dining.

#### **Task 5C: Use**

This protocol will be used for:

- All sampled residents identified with malnutrition, unintended weight loss, mechanically altered diet, pressure sores/ulcers, and hydration concerns; and
- Food complaints received from residents, families and others.

#### **General Considerations:**

- Use this protocol at two meals during the survey, preferably the noon and evening meals.
- Discretely observe all residents, including sampled residents, during meals keeping questions to a minimum to prevent disruption in the meal service.
- For each sampled resident being observed, identify any special needs and the interventions planned to meet their needs. Using the facility's menu, record what is planned in writing to be served to the resident at the meal observed.
- Conduct observations of food preparation and quality of meals.

## Procedures:

1. During the meal service, observe the dining room and/or resident's room for the following:
  - Comfortable sound levels;
  - Adequate illumination, furnishings, ventilation; absence of odors; and sufficient space;
  - Tables adjusted to accommodate wheelchairs, etc.; and
  - Appropriate hygiene provided prior to meals.
2. Observe whether each resident is properly prepared for meals. For example:
  - Resident's eyeglasses, dentures, and/or hearing aids are in place;
  - Proper positioning in chair, wheelchair, etc., at an appropriate distance from the table; and
  - Assistive devices/utensils identified in care plans provided and used as planned.
3. Observe the food service for:
  - Appropriateness of dishes and flatware for each resident. Each resident has an appropriate place setting. Availability of water. Single use disposable dining ware is not used except in an emergency and, other appropriate dining activities.
  - Whether meals are attractive, palatable, served at appropriate temperatures and are delivered to residents in a timely fashion.
    - Did the meals arrive 30 minutes or more past the scheduled meal time?
    - If a substitute was needed, did it arrive more than 15 minutes after the request for a substitute?
  - Are diet cards, portion sizes, preferences, and condiment requests being honored?

4. Determine whether residents are being promptly assisted to eat or provided necessary assistance/cueing in a timely manner after their meal is served.
  - Note whether residents at the same table are being served and assisted concurrently.
5. Determine if the meals served were palatable, attractive, and nutritious and meet the needs of the resident. Note the following:
  - Whether the resident voiced concerns regarding the taste, temperature, quality, quantity and appearance of the meal served;
  - Whether attempts to provide a substitute of equal nutritive value was provided, if the resident refused/rejected food served; and
  - Whether food placement, colors, and textures were in keeping with the resident's needs or deficits, e.g., residents with vision or swallowing deficits.
6. Observe for institutional medication pass practices that interfere with the quality of the residents' dining experience. This does not prohibit the administration of medications during meal service for medications that are necessary to be given at a meal, nor does this prohibit a medication to be given during a meal upon request of a resident who is accustomed to taking the medication with the meal, as long as it has been determined that this practice does not interfere with the effectiveness of the medication.
  - Has the facility attempted to provide medications at times and in a manner to support the dining experience of the resident, such as:
    - Pain medications being given prior to meals so that meals could be eaten in comfort;
    - Foods served are not routinely or unnecessarily used as a vehicle to administer medications (mixing the medications with potatoes or other entrees).
7. Determine if the sampled resident consumed adequate amounts of food.
  - Determine if the facility is monitoring the foods/fluids consumed for residents who need monitoring. Procedures used by the facility may be used to determine percentage of food consumed, if available; otherwise, determine the percentage of food consumed using the following point system:
    - Each food item served except for water, coffee, tea, or condiments equals one point. Example: Breakfast: juice, cereal, milk, bread and

butter, coffee (no points) equals four points. If the resident consumes all four items in the amount served, the resident consumes 100% of breakfast. If the resident consumes two of the four food items served, then 50% of the breakfast would have been consumed. If three-quarters of a food item is consumed, give one point; for one-half consumed, give .5 points; for one-fourth or less, give no points. Total the points consumed x 100 and divide by the number of points given for that meal to give the percentage of meal consumed. Use these measurements when determining the amount of liquids consumed: Liquid measurements: 8 oz. cup = 240 cc, 6 oz. cup = 180 cc, 4 oz. cup = 120 cc, 1 oz. cup = 30 cc.

- o Ask the staff if your observation of food intake reflects what the resident usually eats.
  - o Note whether plates are being returned to the kitchen with 75% or more of food not eaten.
8. If concerns are noted with meal service, preparation, quality of meals, etc., interview the person(s) responsible for dietary services to determine how the staff are assigned and monitored to assure meals are prepared according to the menu, that the meals are delivered to residents in a timely fashion, and at proper temperature, both in the dining rooms/areas and in resident rooms.

### **Investigative Protocol Sufficient Staffing**

#### **Objectives:**

- To determine if the facility has sufficient staff available to meet the residents' needs.

#### **Task 5C:**

**NOTE:** This protocol is not required during the standard survey, unless it is triggered in the event of care concerns/problems which may be associated with sufficiency of staff. It is required to be completed for an extended survey.

This protocol is to be used when:

- Quality of care problems have been identified, e.g., residents not receiving the care and services to prevent declines in their condition as described in their plans of care, such as bathing, dressing, grooming, transferring, ambulation, toileting, and eating; and

- Complaints have been received from residents, families or other resident representatives concerning services, e.g., care not being provided.

**Procedures:**

- Determine if staff are available to:
  - Assess resident condition changes;
  - Monitor dining activities to identify concerns or changes in residents' needs;
  - Identify training needs for the nursing assistants.
- Determine if nursing assistants and other staff are knowledgeable regarding the residents' care needs, e.g., the provision of fluids and foods for residents who are unable to provide these services for themselves; the provision of incontinence care as needed;
- If necessary, review nursing assistant assignments in relation to the care and or services the resident requires to meet his/her needs;
- In interviews with residents, families and/or other resident representatives, inquire about the staff's response to requests for assistance; and
- Determine if the problems are facility-wide, cover all shifts or if they are limited to certain units or shifts, or days of the week. This can be based on information already gathered by the team with additional interviews of residents, families, and staff, as necessary.

**I. Closed Record Reviews**

Try to select closed records of residents who had the same care needs, as identified as concern area during the survey, before death, discharge, or transfer.

Look for information to determine compliance with quality of care and other requirements such as:

- Assessment and care of infections;
- Significant weight loss;
- Restraints;
- Multiple falls or injuries;

- Discharge planning; and
- Transfer and discharge requirements.

Unless there is a reason to review the entire record, focus the review on the appropriateness of care and treatment surrounding the resident's discharge or transfer, and the events leading up to that discharge or transfer.

- Look for documentation related to transfer, discharge, and bed-hold, including facility's discharge planning, notices, and reasons for facility-initiated moves, e.g., proper planning and transferring subsequent to a change in payor or care needs.

## **Sub-Task 5D - Quality of Life Assessment**

### **B. General Objectives**

The general objectives of the quality of life assessment are:

- To determine if the facility protects and promotes the rights of residents;
- To assess the impact of the facility's environment, facility schedules and policies, and staff interactions with residents on the quality of residents' lives;
- To determine if the facility is assisting residents to achieve and maintain their highest practicable well-being; and
- To determine if the facility provides equal access to quality care for all residents, regardless of payment source.

### **5C. Quality of Life Protocols**

Task 5D includes the following sub-tasks: Interviews with residents and family members or friends of residents.

#### **1. Resident Interview**

These interviews are conducted with a sample of interviewable residents.

It is helpful to divide the interview into two or more short segments. Seeing the resident more than once helps to establish rapport and also gives the resident a chance to think over the questions and provide more information later. Surveyors are encouraged to have several short conversations with interviewable residents during the course of the survey.

Locate a private place for the interview, and arrange interview times at the resident's convenience. Resident interviews should be conducted privately unless the resident expresses a preference to have a family member, staff member or the ombudsman present.

At the beginning of the first interview segment, explain to the resident the purpose of the interview. Discuss with the resident that some of his/her answers may be written down, and ask if that is all right. Then take a few minutes to establish rapport by letting the resident direct the conversation. For residents who are uncommunicative at first, use cues from their surroundings or from what is known about this resident to begin the conversation. Try to seek some commonality that will allow the resident to develop some ease in talking. For example, remark on family pictures and other personal items seen in the resident's room, or bring up a past occupation or hobby or a current activity preference of the resident that is of mutual interest. Share a little about yourself, as appropriate.

During the resident interview bring up topics in an order that is sensible to the conversation. Probe for further information if the answer the resident is giving is incomplete or unclear. After the interview, follow-up on the concerns the resident has raised. Include in the documentation both the facility practice in question and its effect on the resident. Share these concerns with team members, if applicable, so that they can pursue them during the remainder of the survey.

**NOTE:** There are some problems that a resident will express that are not within the scope of the Basic Care requirements. For example, a resident is complaining during an interview that he/she is displeased that he/she does not have a private room. This facility does not have private rooms, nor do the requirements mandate private rooms. If there is no issue related to one of the requirements, further investigation is not needed.

## **2. Interview with Family Member or Friend of a Resident**

The purpose of this interview is to obtain information about the prior and current preferences to help assess whether the facility is individualizing daily life activities, care and services to the highest practicable level. Follow-up on any concerns raised by the family member about the resident's treatment by the facility.

Prior to the interview, review the relevant past activities and preferences, and the resident's social history and activities assessment, if any.

The interview may be conducted in person with a family member who was met on tour or by telephone, if necessary.

Combine the information gained during the interview with what has been learned about the resident during the Resident Review. What special needs and preferences does this resident have that the Basic Care Facility should be taking into account? For example, a

resident is ambulatory with Alzheimer 's disease. Her prior life included meeting the school bus at 3 p.m. every day to pick up her children. Now she attempts to leave the facility around that time. What is the facility doing to accommodate this agenda of the resident? Another resident enjoyed being outdoors, and the family member stated she believes this resident would still like the opportunity to go outdoors. Is the facility responding to this preference? Another resident preferred tea to coffee. Is this preference taken into account? A resident preferred to be addressed as Mrs. Hernandez. How do staff address this resident? A resident liked to ski, but can no longer do so due to her condition. However, she may like to see a movie on skiing, have a skiing picture in her room, or go outside in the snow. Has the facility noted this preference? A resident always watched a certain soap opera every day. The family member says that even though she is now confused, this show may still attract her interest. Is this show being made available to the resident?

For each concern, be specific in noting time, location, and exact observations. Record what is seen and heard, rather than a judgment of the situation. Instead of writing that the resident's dignity was violated by some interaction, simply record the interaction.

**NOTE:** During the individual and family interviews, ask questions regarding their awareness of to whom and how to report allegations, incidents and/or complaints. Follow-up on areas of concern observed.

#### **D. Follow-Up on Concerns Raised Through Interviews**

Whenever information is obtained about areas of concern through resident interviews, attempt to investigate these areas through whatever means are appropriate. These might include interviews with other residents, staff, and families, and reviews of written facility information such as policies and procedures, and the admission rights information given to residents.

Sometimes these other sources will provide no other corroborating information. Determine during decision-making if the requirement is met or not met through the information obtained in resident interviews.

#### **E. Confidentiality**

If residents or family members have stated during interviews that they do not want certain information they have shared in confidence to be shared with the facility, respect their wishes. However, the issue can still be investigated. During the survey, make the topic the subject of other interviews and observations. For example, a resident has said that certain staff "make fun" of him/her, but he/she asks you to keep that in confidence. The resident's comment may not be referred to in the survey report. However, decide how best to pursue the matter while respecting the resident's wishes. The surveyor may want to address this topic with other residents or family members. When aware of which staff are involved, attempt to observe these staff interacting with residents.

If other residents have complained about the same problem, their comments may be referred to generally as a group. For example, “Three out of five residents interviewed reported that...” Use judgment to determine if the statement would compromise the resident’s confidentiality

## **Sub-Task 5E - Medication Pass**

### **A. General Objective**

The general objective of the medication pass is to observe the actual preparation and administration of medications in order to assess compliance with acceptable professional standards of practice.

### **B. General Procedures**

Record observations. Record the physician’s actual order. Do this only if the physician’s order differs from the observation of the administration of the drug. When observing the medication pass, do the following:

- Be as neutral and unobtrusive as possible during the medication pass observation.
- Observe a minimum of 10 opportunities for errors (opportunities are both the drugs being administered and the doses ordered but not administered). Strive to observe as least two individuals administering medications if possible. This provides a better overall picture of the accuracy of the facility’s entire drug distribution system Ask the person administering the medication if they know what the medication is and what it does. Ask how the person was trained to administer medication. Ideally, the medication observation could include residents representative of the care needs in the sample. This would provide additional information on these residents, and provide a more complete picture of the care they actually receive. For example, if blood sugars are a problem, insulin administration may be observed. If eye infections are a problem, antibiotic eye drops may be observed, if residents are in pain, as needed pain medications may be observed, etc. Observe different routes of administration, i.e., eye drops, injections, inhalation. The opportunities should equal 50% of the resident census, not to exceed 40 opportunities.
- Verify the training and competency of the person who administered the medications.

## **Task 6 - Information Analysis for Compliance Determination**

### **A. General Objectives**

The objectives of information analysis for deficiency determination are:

- To review and analyze all information collected and to determine whether or not the facility has failed to meet one or more of the regulatory requirements; and
- To determine whether to conduct an extended survey.

## **B. Overview**

The worksheets and procedures are designed to assist the surveyor in gathering, investigating, organizing, and analyzing information about the quality of services provided by the facility in order to determine whether the facility has failed to meet basic care requirements.

The information gathering portions of the survey have focused on the resident and the delivery of services by the facility using observation, interview and record review as sources of information. The information analysis and decision-making portion of the survey focuses on making determinations about whether the facility meets requirements.

For initial surveys, a determination must be made regarding whether the facility meets every basic care requirement.

## **C. Decision-Making Process**

The surveyor should review his/her worksheets to identify concerns and specific evidence relating to requirements that the facility has potentially failed to meet. In order to identify the facility's deficient practices and to enable collating and evaluating the evidence, worksheets should reflect the source of the evidence and should summarize the concerns on relevant data tags.

- Begin the decision-making task by taking into account the daily discussions, the findings documented on the worksheets, discussions with the facility, and observations over the course of the survey, and the discussions regarding definitions of non-compliance. Gather information from all worksheets pertinent to the particular requirements being reviewed. In general, what is the facility's performance in meeting these requirements? Does the facility protect and promote resident rights? Discuss results of the information-gathering phase in the context of facility conformance with these resident-centered requirements and the examples of resident-facility interactions that cause you to believe may be non-compliance.
- Evaluate the specifics of the regulatory language and the specific data collected (e.g., observation, resident, family and staff interview information) with respect to the facility's performance in each requirement. Review the worksheets on an individual tag-by-tag

basis. If data indicates the facility has not met a specific requirement, document the finding of non-compliance.

- In order to ensure that no requirements are missed, proceed through the requirements sequentially as they appear in the interpretive guidelines, preferably section by section. Findings/evidence within each section should be shared by each team member during this discussion. Consider all aspects of the requirements within the tag/section being discussed and evaluate how the information gathered relates to the specifics of the regulatory language and to the facility's performance in each requirement. The team should come to consensus on each requirement for which problems have been raised by any member. If no problems are identified for a particular tag number during the information gathering process, then no deficiency exists for that tag number.
- The surveyor collates all information and records the substance of the decision-making.

#### **D. Compliance Criteria**

To determine if non-compliance exists, use the following definitions and guidance:

- Non-compliance is defined as a facility's failure to meet a participation requirement specified in NDAC 33-03-24.1.1. Throughout NDAC 33-03-24.1 the terms "deficiency" and deficient practice" will mean non-compliance.
- To help determine if non-compliance exists, look at the language of the requirement. Some requirements need to be met for each resident. Any violation of these requirements, even for one resident, is non-compliance.
- Other requirements focus on facility systems.
- During a standard health or complaint survey, the surveyor may determine there is Tier I finding(s) of non-compliance that will not result in a citation.

#### **E. Evidence Evaluation**

The surveyor must evaluate the evidence documented during the survey to determine if non-compliance exists due to a failure to meet a requirement and if there are any negative resident outcomes due to the failure. Failure to meet requirements related to quality of care, resident rights, and quality of life generally falls into two Tiers:

##### **Tier I**

Tier I findings are:

- **Isolated** findings that do not have more than a minimal potential for causing a negative impact on the resident(s); **and**
- Must be verified as corrected while the surveyor is on-site and prior to the exit conference.

Examples of Tier I findings of non-compliance include the following:

- The face sheet of one resident record in the sample lacked the admission date. This finding resulted in no potential harm to the resident.
- The care plan of one resident in the sample had not been reviewed and/or revised to reflect a recent change in bathing times, however the appropriate services were provided.
- A facility has two copies of the facility policy and procedure manuals. A signature was missing on one set of the facility's manuals.
- One food service worker's hair net was not completely covering a portion of the worker's hair.
- Crumbs were noted on the counter in the kitchen.
- A resident's care plan was not updated with assessment information for self-administration of medication. No potential for a negative impact resulted to the resident.
- Snack items were documented on the menu used by the kitchen staff; however, the menu posted for the residents did not list/document the daily snack. Resident's received the correct diet.

Prior to concluding the on-site survey, the surveyor will meet with the Administrator regarding any identified Tier I finding(s) of non-compliance. Verification of correction of Tier I finding(s) must occur prior to the exit conference. Any Tier I finding(s) that are not resolved prior to the exit conference will be cited as a Tier II finding(s) and require a written plan of correction.

Any Tier I finding(s) that did not remain corrected at the time of a revisit demonstrates a pattern of non-compliance and will be cited as a Tier II deficiency.

## **Tier II**

Tier II findings of non-compliance include the following:

- A **pattern** of finding(s) of non-compliance that has the potential for causing a negative impact or harm to the resident(s);
- Any finding(s) of non-compliance having the potential for or result in minimal harm to the resident(s); and/or has the potential to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental, and/or psychosocial well being;

- Any finding(s) of non-compliance with potential or actual physical, mental or psychological injury or deterioration to a resident including violation of Residents Rights;
- Any finding(s) of non-compliance where the lack of (or the potential lack of) services/treatment resulted in the resident not reaching their highest practicable level of physical, mental or psychosocial well-being;
- Any finding(s) that reflect a system failure or widespread pattern of findings; or
- Tier I finding(s) that did not remain corrected at the time of the revisit demonstrating a pattern of non-compliance.

Examples of Tier II findings of non-compliance include the following:

- Loss of dignity due to lying in a urine-saturated bed for a prolonged period.
- Social isolation caused by staff failure to assist the resident in participating in scheduled activities.
- Inadequate staff to care for the residents.
- Abuse and neglect including resident to resident altercations.
- ADL cares were not provided or not completed as indicated by professional standards.
- Medications were not administered within the prescribed time frame resulting in or potential for a negative impact to the residents.
- Proper diets were not provided for residents who required prescribed diets i.e. renal or diabetic diets.
- After a recent hospitalization, a resident was assessed not able to self-administer medication, however, the care plan was not updated to reflect this change and the resident was allowed to self-administer medication resulting in several missed medications.
- Five residents were assessed for self-administration of medication and determined unable to self-administer medication. The care plan was not updated for 2 of the 5 residents resulting in potential harm.
- The facility identified the resident's desire to reach a higher level of ability, e.g., improvement in ambulation, and care was planned accordingly. However, the facility failed to implement, or failed to consistently implement the plan of care, and the resident failed to improve, i.e., did not reach his/her highest practicable well-being.
- The facility failed to identify the resident's need/problem/ability to improve e.g., the ability to eat independently if given assistive devices, and, therefore, did not plan care appropriately. As a result, the resident failed to reach his/her highest practicable well-being, i.e., eat independently.
- Nurse aides in a facility that failed to wash their hands between caring for residents.

If the resident is the primary source of information, the surveyor should conduct further information gathering and analysis. This may include additional interviews with family and staff or record reviews to supplement or corroborate the resident's report. If additional sources of information are not available, determine if the interviewees are reliable sources of information and if the information received is accurate. If so, citation of non-compliance may be based on resident information alone.

In cases where residents are unable to speak for themselves, the surveyor should assess how most people would react to the situation in question. For example, a female resident who is unable to express herself is wheeled down the hall in a wheelchair on the way to her shower with only a towel partially covering her body. The surveyor will decide if this incident is inappropriate because the resident is unable to express herself. Quality of life and Residents' Rights requirements are most often evaluated using this type of analysis.

## **Task 7 - Exit Conference**

### **A. General Objective**

The general objective of the exit conference is to inform the facility of the surveyor's observations and preliminary findings.

### **B. Conduct of Exit Conference**

Conduct the exit conference with facility personnel.

Do not discuss survey results in a manner that reveals the identity of an individual resident. Provide information in a manner that is understandable to those present.

### **Tier I Findings:**

The surveyor determines the facility has a Tier I finding(s) which is an isolated finding(s) that does not have more than a minimal potential for causing a negative impact on the resident(s). The Tier I finding(s) must be corrected while the surveyor is on-site and verified as corrected prior to the exit conference. The Tier I finding(s) will be discussed with the Administrator and facility staff throughout the survey and during the exit conference.

At the conclusion of the exit conference, the Administrator or other authorized official will receive a form documenting any Tier I findings(s) that have been corrected and will be asked to sign and date the Tier I Findings Form attesting to the facility's correction of the Tier I finding(s). A signed copy of the Tier I Finding(s) will be provided the Administrator or other authorized official of the facility and a copy will be retained in the department's files. A written plan of correction is not required when a Tier I finding is

identified, however the facility is required to correct and maintain correction of all Tier I findings.

### **Tier II Findings:**

Describe preliminary Tier II deficiency findings to the facility and let them know they will receive a report of the survey which will contain any Tier II findings of non-compliance that have been cited.

If an extended survey is required and the surveyor cannot complete all or part of the extended survey prior to the exit conference, inform the Administrator that the findings of non-compliance, as discussed in the conference, may be amended upon completion of the extended survey.

During the exit conference, provide the facility with the opportunity to discuss and supply additional information that they believe is pertinent to the identified findings. Because of the ongoing dialogue between surveyors and facility staff during the survey, there should be few instances where the facility is not aware of surveyor concerns or has not had an opportunity to present additional information prior to the exit conference.

### **Other:**

At the exit conference, surveyors may provide additional comments related to the operation of the facility and/or resident care that does not relate to the findings of non-compliance.

## **III. The Extended Survey and Partial Extended Survey**

### **A. Extended and/or Partial Extended Survey**

Conduct an extended survey subsequent to a standard survey and conduct a partial extended survey subsequent to an abbreviated survey when you have determined that there is a significant issue of non compliance.

When conducting the extended/partial extended survey, focus on the facility's policies and procedures that may have produced the issue of non compliance. As appropriate, include a review of staffing, training and supervision. An extended/partial extended survey explores the extent to which structure and process factors such as written policies and procedure, staff qualifications and functional responsibilities, and specific agreements and contracts of the facility may have contributed to the outcomes.

Document the observations from the extended or partial extended survey.

## **B. Timing for Conducting the Extended Survey and Partial Extended Survey**

Conduct the extended or partial survey:

- Prior to the exit conference, in which case the facility will be provided with information from the standard, abbreviated standard, partial extended or extended surveys; or,
- Not later than 2 weeks after the standard/abbreviated survey is completed, if the surveyor is unable to conduct the extended survey or partial extended survey concurrent with the standard survey or the abbreviated survey. Advise the facility's Administrator that there will be an extended or partial extended survey conducted and that an exit conference will be held at the completion of the survey.

## **IV. Writing the Statement of Deficiencies**

### **A. General Objective**

The general objective of this section is to write the statement of deficiencies for all Tier II findings of non-compliance in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. Indicate the data prefix tag and regulatory citation, followed by a summary of the evidence and supporting observations using resident identifiers. If information was identified during confidential resident interviews, do not include a resident identifier when recording the source of the evidence.

The survey report should:

- Specifically reflect the content of each requirement that is not met;
- Clearly identify the specific finding(s) of non-compliance, and the objective evidence concerning these practices;
- Identify the extent of the non-compliance practice, including systemic practices, where appropriate; and
- Identify the source(s) of the evidence, e.g., interview, observation, or record review.

### **B. General Procedures**

After the surveyor makes a decision to cite non-compliance, evaluate the impact on the resident(s) and the prevalence of the practice. Review statements and worksheets for evidence on which to base these determinations. The surveyor may base evidence of the

impact or prevalence for residents on record reviews, interviews and/or observations. Whatever the source, the evidence must be credible.

## **V. Post Survey Revisit (Follow-Up)**

The State agency conducts a revisit, as applicable, to confirm the facility is in compliance and has the ability to remain in compliance for all Tier I and Tier II findings of non-compliance. The purpose of the post-survey revisit (follow-up) is to re-evaluate the specific care and services that were cited as noncompliant during the original standard, abbreviated standard, extended or partial extended survey(s).

Verify continued correction of Tier I findings which were corrected while the surveyor was originally on-site for the standard survey. Failure to maintain correction of Tier I finding(s) of non-compliance will result in a Tier II deficiency citation and the facility will be required to provide a written plan of correction.

Ascertain the status of corrective actions being taken on all requirements not in substantial compliance. The facility must develop an acceptable plan of correction for all Tier II citations which included the element of monitoring its performance for the deficient practice/care and assuring that it does not recur.

Conduct as many survey tasks as needed to determine compliance status. However, the surveyor is not prohibited from gathering information related to any requirement during a post-survey revisit.

When selecting the resident sample for the revisit survey, determine the sample size using 60% of the sample size for a standard survey.

Focus on selecting residents who are most likely to have those conditions/needs/problems cited in the original survey. If possible, include some residents identified as receiving substandard quality of care during the prior survey. If, after completing the revisit activities, you determine that the cited incidence(s) of noncompliance was not corrected, recite the findings of non-compliance.

## **VI. Abbreviated Standard Survey**

### **A. Complaint Investigations**

Refer to the North Dakota Department of Health, Division of Health Facilities complaint investigation policy and procedure.

### **B. Substantial Changes in a Facility's Organization and Management**

If a facility notifies the survey agency of a change in organization or management, review the change to ensure compliance with the regulations. Request copies of the appropriate documents, e.g., written policies and procedures, personnel qualifications and

agreements. If changes in a facility's organization and management are significant and raise questions of its continued compliance, determine, through a survey, whether certain changes have caused a decline in quality of care furnished by the facility.

## **VII. Confidentiality and Respect for Resident Privacy**

Conduct the survey in a manner that allows for the greatest degree of confidentiality for residents, particularly regarding the information gathered during the in-depth interviews. Use the resident identifier (e.g., a code number the survey team has assigned to each resident in the sample) in place of the resident's name, which should never be used on the survey report form.

Notes and worksheets contain pre-decisional information and are, therefore, not required to be disclosed to the facility at the time of the survey. Information on the worksheets that was not subsequently used as a basis for writing a deficiency remains pre-decisional and is exempt from disclosure.

## **VIII. Information Transfer**

In conjunction with conducting surveys, the State should provide information to the facility about care and regulatory topics that would be useful to the facility for understanding and applying best practices in the care and treatment of long term care residents.

This information exchange is not a consultation with the facility, but is a means of disseminating information that may be of assistance to the facility in meeting long term care requirements. States are not liable, nor are they to be held accountable if training which occurs during information transfer does not "correct" problems at the facility.

Performance of the function is at the discretion of the State and can be performed at various times, including during the standard survey, during follow-up or complaint surveys, during other conferences or workshops or at another time mutually agreeable to the survey agency and the facility. The time allotted for this information transfer should not usually exceed one hour. In no instance should the information transfer delay the survey process.